GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE
1999-2001 PRIORITY RECOMMENDATIONS TO REDUCE SUBSTANCE ABUSE IN WASHINGTON STATE

Dr. Priscilla Lisicich, Council Chair
Dr. Carol A. Owens, Staff Coordinator

August 1998

WASHINGTON STATE COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

Building Foundations for the Future

Tim Douglas, Director

906 Columbia Street Southwest
Post Office Box 48300
Olympia, Washington 98504-8300

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

MISSION:

It is the mission of the Governor's Council on Substance Abuse to reduce substance abuse in Washington State.

This includes reducing the abuse of alcohol, tobacco, drugs and other materials that individuals may abuse, including over-the-counter medications, gasoline and glue.

VALUES:

We will work collaboratively while also recognizing diversity, combining efforts in the private, public, tribal and nonprofit sectors.

Whenever possible, we will build on and strengthen effective structures, systems and organizations that are addressing substance abuse, rather than develop new programs.

We will develop balanced and accountable strategies for reducing substance abuse, not emphasizing one approach over another, but recognizing that a complex set of problems requires more than one method of resolution.

RESPONSIBILITIES

The Governor's Council on Substance Abuse will:

Develop recommendations, based on community and agency input and involvement, for state and local strategies on substance abuse;

Advise the Governor on substance abuse issues;

Review and develop recommendations regarding state, local and federal funding of substance abuse programs;

Advise the Family Policy Council on substance abuse issues through a collaborative process; and,

Provide policy recommendations to state agencies on alcohol, tobacco and other drug issues.

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BACKGROUND DATA AND ISSUE DEVELOPMENT ASSISTANCE:

Early Intervention Issue Development:
Linda Thompson from the Greater Spokane Substance Abuse Council; Martin Mueller and Denise Fitch from the Office of the Superintendent of Public Instruction

Interagency Task Forces:
Captain Dan Davis from the Washington State Patrol

Treatment Capacity:
Kenneth Stark and Doug Allen from the Division of Alcohol and Substance Abuse

Drug Courts:
Doug Allen from the Division of Alcohol and Substance Abuse

Methamphetamines:
Lieutenant James A. Chromey from the Washington State Patrol

For more information, or to request copies of this or other reports from the Governor's Council on Substance Abuse, contact Council staff at (360) 753-5626.

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

Washington State Community, Trade and Economic Development — Building Foundations for the Future

September 1, 1998

The Honorable Gary Locke
Governor, State of Washington
Legislative Building
Post Office Box 40002
Olympia, Washington 98504-0002

Dear Governor Locke:

I am pleased to forward to you the Governor's Council on Substance Abuse Priority Recommendations to Reduce Substance Abuse for the 1999-2001 Biennium. These recommendations represent only a portion of the new, enhanced, and sustained efforts necessary to roll back the impact of substance abuse in Washington's communities. However, the Council believes that implementation of these recommendations will constitute a strong, albeit small step toward creating healthy, drug abuse-free communities that will nurture Washington's children and families into the 21st Century.

The Council places a high priority on policy and program solutions that directly impact our children and youth. This includes support for direct, youth-oriented prevention, treatment, and juvenile justice-based programs. We also realize that young people and the choices they make are strongly influenced by community norms and standards, and by examples set by parents and other key adult role models. For this reason we believe that lasting solutions must include adequate treatment for adults, and prevention and intervention programs that strengthen families and parenting skills. These solutions must include actions that will stem the flow of dangerous drugs into our communities and provide protection for all the residents of Washington State.

In keeping with the Council's belief that it takes a balanced approach to reduce substance abuse, our recommendations for 1999-2001 include action strategies that address prevention, treatment, and law and justice issues:

- Ensure maintenance-of-effort for Interagency Narcotics Taskforces.
- Expand prevention/intervention services to all secondary schools.
- Expand capacity of involuntary treatment services for chemically dependent and mentally ill adults to provide services in Eastern Washington.
- Enhance grants to Indian tribes for treatment and prevention programs.
- Increase secure treatment capacity for chemically dependent, female youth.
- Improve access and capacity for youth detoxification and crisis stabilization services.
- Expand the availability and capacity of drug courts.
- Enhance methamphetamine lab clean-up assistance and provide protection for children exposed to lab chemicals.

There are no quick fixes, and no overnight solutions that will reduce substance abuse and the negative impacts it is having in our communities. Effective substance abuse reduction will take a long-term commitment to unify collaborative efforts at the community level with government policy actions that support and promote community-based solutions.

State government cannot solve the substance abuse problem alone; however, working hand-in-hand with communities and other levels of government, we *can* achieve a drug abuse-free future for Washington State.

Please contact me or Council staff if you require additional information or assistance in considering these recommendations.

Sincerely,

Dr. Priscilla Lisicich
Council Chair

cc: Dick Thompson, Director, Office of Financial Management
Council members

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

LONG-TERM GOALS FOR REDUCING SUBSTANCE ABUSE

PREVENTION

1. Prevent and reduce the misuse and abuse of alcohol, tobacco and other drugs.

2. Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.

3. Increase the community ownership and responsibility for prevention of misuse of alcohol, tobacco, and other drugs.

TREATMENT

1. Increase access to and availability of chemical dependency treatment, as clinically necessary.

2. Reduce the negative effects of alcohol, tobacco and other drugs.

3. Address the basic needs of people in chemical dependency treatment**.**

LAW AND JUSTICE

1. Increase public safety.

2. Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.

3. Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

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EXECUTIVE SUMMARY

The Governor's Council on Substance Abuse was created by executive order in 1994 to respond to the significant human, social and economic costs that substance abuse inflicts on individuals, families and communities throughout Washington State. The Council researches causes and solutions to present the best alternatives for state policy action that can protect Washington's residents from the spread of substance abuse impacts, and to create healthy social environments for our communities' children and families.

In a 1998 survey conducted by the Washington State Board of Health, 90 percent of respondents rated misuse of alcohol and other drugs as a moderate to serious problem in Washington State.

- Every hour of every day one Washingtonian dies from the use and abuse of alcohol and/or other drugs.[1]
- Four out of five juveniles entering the juvenile justice system are abusers of alcohol and/or other drugs.[2]
- There are 22 tobacco-related deaths per day in Washington State.[3]
- The annual economic loss to Washington State from abuse of alcohol and other drugs is estimated at $1.81 billion.[4]

The Governor's Council on Substance Abuse recommends eight policy actions for the 1999-2001 Biennium. These recommendations represent a strong, firm step toward reducing the misuse of alcohol and other drugs, and creating a healthy, abuse-free environment for our children and families.

- Ensure maintenance-of-effort for Interagency Narcotics Taskforces.
- Expand prevention/intervention services to all secondary schools.
- Expand capacity of involuntary treatment services for chemically dependent and mentally ill adults to provide services in Eastern Washington.
- Enhance grants to Indian Tribes for treatment and prevention programs.
- Increase secure treatment capacity for chemically dependent, female youth.
- Improve access and capacity for youth detoxification and crisis stabilization services.
- Expand the availability and capacity of drug courts.
- Enhance methamphetamine lab clean-up assistance and provide protection for children exposed to lab chemicals.

GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE 1999-2001 PRIORITY RECOMMENDATIONS TO REDUCE SUBSTANCE ABUSE IN WASHINGTON STATE

Introduction

The following report presents eight substance abuse reduction priorities recommended by the Governor's Council on Substance Abuse for state policy action during the 1999-2001 Biennium.

These priorities represent only a portion of the new, enhanced and sustained actions necessary to roll back the negative impacts substance abuse continues to have on Washington's communities, families and children. These recommendations represent the results of the Council's continued study and review of the best options available. It is the consensus of Council members that the implementation of these recommendations during the 1999-2001 Biennium will provide a small but strong step toward healthy, drug abuse-free communities that will nurture a positive future for our children and families.

Report Background

In 1995 the Legislative Budget Committee (LBC) released *Report 95-15: Drug and Alcohol Abuse Programs.* This report reviewed the status of state-funded programs and made several recommendations for future actions. The LBC report recommended that the Governor's Council on Substance Abuse take on the task of developing common goals and identifying policy and funding priorities for research and program strategies to reduce substance abuse in Washington State.

This is the fourth set of recommendations the Governor's Council on Substance Abuse has issued using the format recommended by the LBC report. Taken together, these recommendations provide a comprehensive approach that includes efforts to reduce substance abuse across prevention, education, intervention, treatment and law and justice. The Council's recommendations present long-range goals and outcomes for building a common strategy to reduce substance abuse statewide. These long-range goals are included at the beginning of this report. A listing of long-range outcomes for each goal may be found in the baseline report issued by the Council in 1996.

In 1997 the Council issued its first report card on Washington's substance abuse reduction efforts. A similar update will be issued every two years. Also in 1997, the Council issued a set of recommendations for state-funded research efforts that can improve the efficacy of our public programs for substance abuse reduction. The following publications constitute the Council's current reports to date:

- *Governor's Council on Substance Abuse 1996 Report and Recommendations to Reduce Substance Abuse in Washington State.*
- *1997 Update on the Status of 1996 Report and Recommendations to Reduce Substance Abuse in Washington State.*
- *1997 Report and Recommendations for State-Funded Research Priorities to Reduce Substance Abuse in Washington State.*

Operating Philosophy for Governor's Council

In the recommendations they present, the Governor's Council on Substance Abuse works to create a balance between prevention, treatment, and law and justice efforts. This represents the belief of Council members that creating a strong platform to support a drug abuse-free social environment for our communities is like designing a three-legged stool, with prevention, treatment, and law and justice efforts representing each leg of the stool. Each leg must be of equal weight and size if the stool is to be balanced and stable enough to bear the weight of communities' substance abuse reduction needs. If any one leg is heavier or larger, the imbalance will create an unstable platform for the collaborative efforts necessary to build long-lasting solutions.

The Council places a high priority on policy and program solutions that directly impact the children and youth in our communities. This includes support for direct youth-oriented prevention, treatment, and juvenile justice-based programs. However, because youth are so strongly influenced by community norms and standards, and by the examples set by parents and the other key adult role models in their lives, it takes more than targeting policies and programs toward youth to effectively reduce substance abuse. We must also support other approaches that create strong, pro-social choices, and drug-abuse free environments for Washington residents of all ages. Likewise, we must provide adequate treatment and diversion programs for adults. We must provide prevention and early intervention approaches that support strong families and promote positive parenting, and we must work to stop the manufacture and flow of dangerous drugs into our communities. We must protect the safety of all our communities' residents.

There are no quick fixes, and no overnight solutions that can effectively reduce substance abuse and the negative impacts in our communities. Effective substance abuse reduction will take a long-term commitment to unifying collaborative efforts at the community level with government policy actions that promote community-based solutions. State government cannot solve this problem alone; however, working with communities and other levels of government, we can achieve a drug abuse-free future for Washington State.

We have a right to safe and drug abuse-free communities, and we have the responsibility to work together to make them happen.

Council Action Strategies for 1999-2001 Biennium

The following recommendations were selected by the Governor's Council on Substance Abuse as the result of a year-long planning and review process. While the following do not represent an all-inclusive package of solutions to this deeply engrained societal problem, we feel that they represent one small, strong, incremental step that will move us forward over the next two years toward the long-term goal of drug abuse-free communities.

In keeping with the philosophy of the Governor's Council, recommendations are presented in three areas: prevention, treatment, and law and justice.

MAINTENANCE-OF-EFFORT RECOMMENDATION FOR 1999-2001 BIENNIUM

Ensure Maintenance-of-effort for Interagency Narcotics Taskforces

This recommendation urges that the Byrne Committee take action to recommend Byrne Grant support for interagency task forces.

Description

Twenty regional task forces, comprised of 77 local agencies, two tribal police departments, the State patrol, and representatives of several federal agencies, actively cover 35 of Washington's 39 counties, serving more than 95 percent of the state's population. The task forces bring together sufficient resources to target the mid- to upper-level drug traffickers which are largely beyond the reach of individual local departments and below the investigative threshold of federal agencies. These task forces additionally serve as a training focus for the drug awareness/enforcement efforts of local departments and are instrumental in building mutual support amongst jurisdictions that normally work in isolation.

Fiscal Detail

Operating Expenditures	**FY 2000**	**FY 2001**	**Total**
General Fund – Federal			
Task Force General	3,878,250	3,878,250	7,756,500
Dedicated Prosecution	531,000	531,000	1,062,000
Total Cost	**4,409,250**	**4,409,250**	**8,818,500**

Performance Measure Detail	**FY 2000**	**FY 2001**	**Total**
Number of mid-upper level investigations	762	762	1524
Officers Assigned	139	139	139
Percent of state drug-dedicated officers assigned	50%	50%	50%
Conviction Rate	98%	98%	98%
Forfeiture Case Success Rate	65%	65%	65%

Narrative Justification and Impact Statement

This decision package details the current level of funding for the task forces. Multi-jurisdictional Narcotics Task Forces should continue because they:

- Provide half of the drug-dedicated law enforcement officers in the state and virtually all of those in rural areas.

- Are the only mechanism for pursuing the category of offenders between street level and their immediate suppliers and those organizations targeted by federal agencies.

- Provide more than two-thirds of the drug awareness and investigative training to local departments' patrol divisions.

- Provide personnel and technical assistance to local agencies when either case or general quality-of-life problems caused by drug trafficking exceed local resources.

Numerous agencies have expressed the desire to participate in the task forces and are now constrained only by limited and dwindling resources.

Effects of Non-Funding

Drug trafficking and abuse and related crime will sharply increase if enforcement is cut. Those jurisdictions capable of adequately controlling street dealers will simply force drug sales into adjacent unserved areas where the prevalence of drug trafficking will overwhelm whatever enforcement effort can be mounted. Related property and violent crimes will also sharply increase in all areas, regardless of street enforcement, as users seek additional means to buy drugs and dealers seek to control unpoliced turf.

A second negative impact will be an increased public perception that drug dealing and/or abuse has minimal consequences, and is therefore acceptable.

PREVENTION RECOMMENDATION FOR 1999-2001 BIENNIUM

Expand Prevention/Intervention Services to all Secondary Schools

This recommendation is for enhancement of the current funding for Prevention/Intervention services to provide programs in all secondary schools.

Description

Of the 296 school districts in Washington State, only 200 currently receive prevention/intervention specialist services. Services provided by prevention/intervention specialists include, but are not limited to, keeping an open door for students who may need someone to talk with, answering questions about resources, drug/alcohol assessment, referrals, and treatment. They also provide an on-campus connection for parents and a key link to other prevention/intervention services in the community. Partnerships with family services providers such as Community Mobilization, health and safety networks, substance abuse treatment providers, mental health systems, and others are essential linkages that make it possible to use all community assets to meet the needs of children and their families.

According to the Office of the Superintendent of Public Instruction (OSPI), only 50 percent of Washington's secondary schools and 20 percent of elementary schools provide some level of these services. OSPI, which administers prevention services, is requesting an additional $9 million over the next two years to provide prevention/intervention services for an additional 20,000 students. When fully implemented, this additional funding will make it possible for all secondary buildings statewide to have at least a minimal level of these services. This would not, however, cover additional elementary school services.

Statewide there are approximately 110 part- and full-time staff involved in providing prevention/intervention services. Many prevention specialists work only part-time. About half of the prevention specialists across the state are contractors rather than school district employees. These specialists provided direct service to 18,807 students in the 1996-97 school year. About 130,000 individuals (students, teachers, parents and community members) received indirect services, including presentations and training.

Fiscal Detail

Approximately 80 percent of the prevention/intervention specialists work on 10-month contracts with school districts. Their average salary falls in the range from $25,000 to $30,000. (This does not include the benefits component for direct employees, which would add about $4,000 for each employee at the upper end of the range.) The remaining 20 percent are fairly evenly distributed above and below the range. These numbers suggest that a full-time prevention/intervention specialist would typically cost $35,000 or less, including benefits. That total, however, does not

take into account additional expenses such as administrative overhead and travel costs for specialists who cover widely separated schools.

Using current cost-per-student data, the Division of Alcohol and Substance Abuse (DASA) projects that a supplemental $9 million would provide services to 20,000 additional students, more than doubling the current level of service. At this ratio, the cost per student would be $225.

According to OSPI, an additional $9 million would allow all secondary school buildings to have at least some service from a prevention/intervention specialist. Ideally, *all* schools -- elementary as well as secondary -- should have the services of a specialist. Budget realities, however, place that goal beyond reach. The following illustrates the incremental increases in service that could be achieved with additional funding, using OSPI cost data:

$9 million = 20,000 additional students served
$7 million = 15,555
$5 million = 11,111
$3 million = 6,666
$1 million = 2,222

Performance Measure Detail

OSPI analyzed data and issued a report on prevention services for the 1996-97 school year. The data shows that a statistically significant number of students who had received direct services from a prevention/intervention specialist reported a decrease in substance use in the 30 days after receiving services. The differences were highest for alcohol (54% to 47%), marijuana (46% to 38%) and binge drinking (40% to 31%), and lowest for chewing tobacco (12 % to 10%) and inhalants (9% to 5%).[5]

Students who were already heavy users of substances were assessed separately; they also reported moderate reductions in the use of alcohol and marijuana, and in binge drinking. Only small changes in the use of cigarettes and chewing tobacco were documented within this group.

Statistically significant improvements in school attendance and academic achievement are also documented by OSPI for those students receiving prevention/intervention services.

Narrative Justification and Impact Statement

OSPI has indicated that it intends to spend any increase in appropriation primarily in grades five through nine, to augment the services that are now concentrated on high school students. Extending prevention and intervention services to the lower grades is particularly important in light of the fact that virtually all studies indicate that children are beginning to experiment – and also consistently use – substances at younger and younger ages.

Effects of Non-Funding

Students’ substance abuse of all types is continues to increase, with the age of first use decreasing. The school environment is the most cost-effective way to reach students and to have an impact on their behavior. The consequences of non-funding include a continuing escalation of substance abuse, which is typically accompanied by truancy and poor scholastic achievement. The ultimate educational impact would be that a significant portion of this generation of children may be left behind at an early age -- irretrievably, in many cases.

In addition to the pattern of growing abuse by students, their parents and other family members are less likely to be reached by intervention professionals when there are no such services in the schools. Prevention/intervention specialists’ contact with students often extends to the involvement of other family members, and an increase in the possibility of intervening in those individuals' substance abuse and/or other psychosocial problems.

TREATMENT RECOMMENDATIONS FOR 1999-2001 BIENNIUM

1. Expand the Capacity of Involuntary Treatment Services for Chemically Dependent and Mentally Ill Adults to Provide Services in Eastern Washington

Funding of this recommendation would provide Eastern Washington residents with access to involuntary treatment services and services for dual-diagnosis adults that are currently available only in Western Washington.

Description

Add 15 involuntary treatment beds for adults committed under the ITA (Involuntary Treatment Act: RCW 70.96A) and a 20-bed residential program for mentally ill chemical-abusing (MICA) adults in Eastern Washington. There is currently only one such facility in the state, located in Sedro Woolley, and this has long waiting lists for admission.

Fiscal Detail

The current cost per day of adult inpatient treatment, according to the Division of Alcohol and Substance Abuse, is $127.

Total Cost

FY 2000	FY 2001	Total
$ 1,622,000	$1,622,000	$3,244,000

Performance Measure Detail

Outcome Measures
Creating the two inpatient units in Eastern Washington has the potential to reduce the revolving-door pattern of mentally ill substance abusers and those who need involuntary treatment. The specialized programs, with their longer stays and programming to suit the patients' particular needs, have a better chance of producing long-term changes in the patients' behaviors.

Output Measures
The involuntary commitment law allows committing an individual for 60 days, with a 90-day renewal provision. The average length of stay for a patient in a MICA facility is one year. With a $1.622 million annual appropriation, the additional 35 beds for these two programs would enable treatment of 95 ITA patients per year and 84 individuals in the MICA category.

Efficiency Measures

Creating a total of 35 additional beds in Eastern Washington for these two programs will reduce the expensive and ineffective use of inappropriate facilities such as hospital emergency rooms and Eastern State Hospital, and will also decrease the time and expense for local governments across the state to transport individuals to Sedro Woolley.

Narrative Justification and Impact Statement

Reason for Change

RCW 70.96A requires that chemical dependency treatment resources be available and adequate to involuntarily commit individuals to treatment through the Involuntary Treatment Act (ITA). The Division of Alcohol and Substance Abuse (DASA) presently contracts with Pioneer Cooperative Affiliates to operate a 65-bed secure, involuntary treatment program for chemically dependent adults on the grounds of the Northern State Multi-Service Center in Sedro Woolley.

Eastern Washington has no resources for alcoholics/addicts who need to be involuntarily committed to treatment. Access to the Sedro Woolley facility is severely limited for residents of eastern Washington because of long waiting lists and significant transportation costs. Eastern Washington residents are therefore likely to end up in hospital emergency rooms or in the mental health system at Eastern State Hospital, which is not appropriate for this population

The only inpatient treatment program for Washington residents who are both mentally ill and chemically dependent is the MICA (Mentally Ill, Chemically Abusing) facility at Sedro Woolley. This program, which is voluntary, also has long waiting lists and the same logistical difficulties posed by its location.

DASA hopes to be able to co-locate the 15 ITA beds and the 20 MICA beds at Medical Lake, to reduce baseline costs and facilitate access to treatment.

Impact on clients and services

Provision of the 35 specialized beds will significantly reduce the waiting lists for these categories of chemically dependent people -- who are particularly unstable and may pose a danger to themselves and others while waiting for treatment.

Effects of non-funding

Individuals who need involuntary treatment, and/or are mentally ill as well as chemically dependent, will continue to be ineffectively served at other facilities and/or will struggle with the long waiting list at the state's only specialized programs at Sedro Woolley.

2. Enhance Grants to Indian Tribes for Treatment and Prevention Programs

This recommendation would enhance the current allocation to Indian Tribes from $18,000 to $48,000 per year to provide a more adequate base for substance abuse treatment and prevention services.

Description

Support continuous, outcome-focused, comprehensive prevention and treatment programming for Washington's 27 federally recognized tribes by allocating an additional $30,000 per year to each, in a manner consistent with the current practice of supporting counties' programming.

Fiscal Detail

Total Cost

FY 2000	FY 2001	Total
$ 810,000	$810,000	$1,620,000

Performance Measure Detail

Outcome Measures
An employment outcomes monitoring process by the Department of Social & Health Services and the Department of Employment Security found that 31 percent of the Native Americans who completed chemical dependency treatment were employed one year following discharge. Their average wage at that point was $10.10.

Output Measures
These are difficult to determine at this point, since each tribe will make decisions about how to use its allotment. DASA expects that most of the funds will be dedicated to prevention programs.

Narrative Justification and Impact Statement

Reason for Change
Substance abuse and addiction are at pandemic levels among Native American people. While American Indians represent only 2 percent of the Washington population, they comprise over 10 percent of the Division of Alcohol and Substance Abuse's treatment population. The Need for Treatment study published by the Department of Social & Health Services in December 1996 reported that Native Americans had the highest need for treatment of all the state's racial/ethnic groups: 17.1 percent. Whites were second, at 11.1 percent.

The Need for Treatment report indicated that only 21 percent of the need for substance abuse and treatment services across the state was being met by the state allocation to county government.

(This study analyzed patterns among residents who were poor enough to qualify for publicly funded treatment. At the time the data was collected, in 1993-94, there were more than 5,000 indigent Native Americans in Washington who fit the criteria for being in need of substance abuse treatment.)

DASA currently allocates $18,000 per year to each tribe for prevention services and/or outpatient treatment programs, which is used by most to fund annual prevention-related "events." An additional $30,000 per tribe will make it possible to develop more effective prevention programming on an ongoing basis, using professional staff.

Impact on clients and services
The additional funds dedicated to prevention programs should help reduce the long-term need for treatment services. In the short run, it may increase the demand for treatment if the new programs heighten awareness and break down resistance to treatment.

A 1997 cost savings study indicated that indigent individuals who receive chemical dependency treatment use, on average, $4,500 less in medical care in the five years following treatment than do abusers/addicts who remain untreated. This funding has significance for the State's Medicaid budget.

Effects of non-funding

The notorious cycle of addiction will continue to be a major factor in tribal life. The average age at death for Native Americans is the early 50s, and substance abuse is a major factor in this short life span. According to DASA, 17 percent of adult Native Americans currently need substance abuse treatment compared to 10 percent of the total population. Among poor adults, 21 percent of Native Americans currently need substance abuse treatment, compared to 11 percent of poor persons in general.

3. Increase Secure Treatment Capacity for Chemically Dependent Female Youth

This recommendation is to fund 16 secure treatment beds for “Becca-eligible,” female youths.

Description

Provide 16 secure Level II youth residential treatment beds for "Becca-eligible” female youths: those who are incapacitated by alcohol and other drugs; have their judgment so impaired that they are incapable of making rational decisions with respect to the need for treatment; present a likelihood of serious harm to themselves or others; and are at high risk to run from treatment.

Fiscal Detail

Total Cost

FY 2000	FY 2001	Total
$1,072,000	$1,022,000	$2,094,000

Performance Measure Detail

Outcome Measures
A treatment outcome evaluation published in 1997 and based on 1996 data indicated that 90 percent of Becca-eligible youth had run away from home in the year prior to treatment. After treatment, 21 percent ran away -- which demonstrates that treatment can be successful for this category of youth, if they can be kept in a secure environment that maximizes the likelihood of their completing a treatment program.

Output Measures
DASA estimates that the additional beds will enable treatment of 420 adolescents per year.

Narrative Justification and Impact Statement

Reason for Change
The current continuum of care lacks capacity for secure treatment of female youth who are high-risk, runaway, and low-income. There is one locked 16-bed facility for males who fit these criteria. Provision of 16 beds specifically for young women would bring the Division of Alcohol and Substance Abuse into compliance with the intent of the original Becca Runaway Youth Legislation. (The bill was named after a chemically dependent, multiple problem youth who died while on the run in Spokane. Her story highlighted the fact that chemically dependent adolescents, especially those who are emotionally disturbed and/or otherwise at risk, are not capable of making rational decisions about their needs. The provision of locked treatment facilities is often the only way to intervene in their self-destructive behavior patterns.)

Impact on clients and services
Provision of the 16 beds will give treatment professionals and parents an additional, safe option for female adolescents in this particularly difficult and dangerous category. It could slightly decrease ineffective use of other, non-secure treatment programs, and slightly increase the use of after-care services as the clients complete the residential phase of treatment.

Effects of non-funding

Treatment resources will be wasted as young women are placed in treatment only to run away. More significantly, these youth will continue to become victims of deprivation, crime and suicide because they are too disabled to be helped through less-drastic programs. Only parents wealthy enough to afford private secure facilities will be able to obtain effective treatment for their children.

4. Improved Access/Capacity for Youth Detoxification/Crisis Stabilization Services

This recommendation seeks to decrease the waiting period for youth crisis stabilization services by increasing the current capacity from 10 to 20 beds.

Description

Increase by 10 additional beds the availability of detoxification/crisis stabilization services, which have proven successful in addressing the needs of homeless, at-risk, runaway and street youth who have serious effects of intoxication, withdrawal, and other co-existing mental health and emotional problems.

Fiscal Detail

The cost of these services is $200 per client per day, according to the Division of Alcohol and Substance Abuse (DASA).

Total Cost

FY 2000	FY 2001	Total
$780,000	$780,000	$1,560,000

Performance Measure Detail

Outcome Measures
A 1996 study by DASA shows 77 percent of the youth assessed in the detoxification/crisis stabilization process needed residential treatment; another 18.7 percent were diagnosed as needing outpatient treatment. The data also indicates nearly 70 percent of the youth assessed in the detoxification/crisis stabilization process were admitted immediately to treatment. Another 15 percent were placed on waiting lists.

Output Measures
About 40 youth per month are being served in the current sites. The sum requested by the Division of Alcohol and Substance Abuse would double the number to 80.

Narrative Justification and Impact Statement

Reason for Change
Youth who are otherwise eligible for either chemical dependency or mental health services are often denied entry to these programs because they are intoxicated or are in a crisis that includes aggressive and/or out-of-control behaviors that could put themselves or others in danger. Thus their very serious problems prevent them from getting treatment.

Detoxification/crisis stabilization services provide a safe, stable environment for evaluating and preparing these adolescents for successful referral to the treatment services they desperately

need. DASA currently funds a total of 10 beds for detoxification and stabilization; they are located at eight sites around the state.

Impact on clients and services
Clients will experience a more "seamless" progression from detoxification/stabilization to treatment, and fewer will be lost in those transitions.

Effects of non-funding
The present average wait for a detoxification/crisis stabilization bed is six weeks -- not a reasonable time frame for unstable, out-of-control adolescents. Therefore, the youth who most need treatment will sometimes not receive it because of their behaviors and their inability to wait for an opening.

LAW AND JUSTICE RECOMMENDATIONS FOR 1999-2001 BIENNIUM

1. Expand the Availability and Capacity of Drug Courts

This proposal will provide resources to counties for planning of new drug courts, assistance in maintaining existing drug courts, and support of courts that are losing federal funding

Description

The offender population has a very high rate of involvement with substance abuse. The study, *Behind the Bars: Substance Abuse and America's Prison Population*, reports that nationally, approximately 81 percent of the offender population have involvement with substance abuse. The Washington study *The Arrestee Estimates of Substance Abuse Treatment Need* reports that a very high number of arrestees at three adult prison sites are in need of substance abuse treatment—56 percent in Yakima County, 65 percent in King County and 79 percent in Whatcom County. There are minimal resources for this population.

In the state of Washington, there are drug courts currently operating in Spokane, Pierce, King, and Thurston counties. At the same time, additional counties have recently received new federal funds (Clark, Cowlitz, Lewis, Kitsap, Skagit, Yakima, and Whatcom). However, there continues to be a critical need for state resources for this underserved population.

National interest in drug courts began when the first drug court began operation in Dade County, Florida, in 1989. The collaborations between the justice and treatment systems epitomized by drug courts may offer considerable hope for long-term reduction in drug-related crime, and lower jail and prison populations. The drug court model differs in important ways from previous efforts by providing drug treatment to offenders with underlying drug problems. In the drug court model, various components of the criminal justice and substance abuse treatment systems work together to try to use the coercive power of the court to promote abstinence and pro-social behavior. In comparison, those persons who do not enter into drug courts unfortunately receive short jail sentences, with little treatment or close community supervision. Drug courts are a much more productive option for offenders needing treatment.

The key components of drug courts are:

- Drug courts integrate alcohol and other drug treatment services with the justice system case processing.

- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

- Eligible participants are identified early and promptly placed in the drug court program.

- Drug courts provide access to a continuum of alcohol, drug, and related treatment.
- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.
- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Fiscal Detail

Total Cost

	FY2000	FY2001	Total
	3,020,000	2,980,000	6,000,000

Expenditure Calculations and Assumptions
Calculations are based on the average costs of drug court services presently in place. It is assumed that these funds will support drug court services in five to seven counties. Counties may have one to two case managers, depending on the size and numbers of clients served. Program activities and treatment cost were calculated based on a total of 500 to 1,800 clients served.

Narrative Justification and Impact Statement

Impact on clients/services
Drug courts in the State of Washington generally serve:

- Offenders charged with felony drug possession, prescription forgery and some non-violent property offenses;
- Offenders with no prior violent or sex offense convictions, and who are not drug dealers or known gang members;
- Offenders who have been evaluated as serious drug addicts and are amenable to participating in a rigorous treatment program.

Drug courts are effective. A recent review of the research on drug courts nationally by Steven Belenko, National Center on Addiction and Substance Abuse at Columbia University, reports that "drug courts provide closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program, than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court."

The funds for drug courts will be available to counties planning for new drug courts, assistance in implementing existing drug courts, and supporting those courts that are losing federal funds.

2. Enhance Methamphetamine Lab Clean-up Assistance and Provide Protection for Children

This recommendation would provide a trained, fully-funded response team tasked with methamphetamine lab clean-up services statewide. Funding of the recommendation will also provide for education and training for local agencies that are asked to respond when meth labs are discovered in their counties. Part of this training will focus on providing better protection for children that are exposed to meth lab chemicals.

Description

In an effort to increase responsiveness to citizens' expectations for public safety and security, the Washington State Patrol (WSP) is proposing a pro-active methamphetamine team to address the illicit manufacturing and distribution of methamphetamine throughout Washington State.

The full-time, specially equipped and highly trained team would consist of seven detectives, one sergeant, and one clerical support person. The mission of this team would be to 1) respond to, secure, and process extremely hazardous clandestine methamphetamine laboratories, 2) work in concert with other law enforcement agencies to track and interdict meth and its precursor chemicals, 3) provide methamphetamine recognition training to police, emergency medical services (EMS) personnel, and other persons with jobs that put them at risk of coming into contact with these dangerous labs and/or violent drug users.

Adequate funding of a Meth Team would significantly enhance WSP efforts to collaborate with multi-jurisdictional task forces, local health departments, State Departments of Ecology and Health, local, state, and federal law enforcement agencies, and affected community groups in combating the increasing threat of methamphetamine manufacturing and use.

Fiscal Detail

Total Cost

	FY 2000	FY 2001	Total
Federal Funds – State	$880,500	$631,000	$1,512,000
FTEs:	9.0	9.0	18.00

Performance Measure Detail

Outcome Measures

1. Provide investigators with a fully staffed Statewide Incident Response Team (SIRT) team within 90 days of the beginning of the new fiscal year.

2. Create an education and training program focused on increasing the expertise among fire

services, emergency medical, social services, and other at-risk personnel on the dangers of methamphetamine manufacturing, trafficking and abuse.

3. Enhance methamphetamine intelligence capability by collecting information concerning meth manufacturing, trafficking and abuse to analyze and distribute to appropriate personnel.

Output Measures

1. Within the first year, in collaboration with the Department of Corrections, develop a system for tracking career methamphetamine criminals.

2. Within the first year, develop a program to train and educate public safety agencies, social service workers, policy makers, and the general public regarding meth lab dangers (50 training sessions/1,000 persons trained per year).

3. Respond with a specially equipped, highly trained team within 24 hours of receiving legitimate law enforcement requests regarding clandestine methamphetamine laboratories throughout Washington State (120 responses first year/150 second year).

Narrative Justification And Impact Statement

The Office of National Drug Control Policy reported in its drug control strategy for 1998 that "Methamphetamine is by far the most prevalent synthetic controlled substance clandestinely manufactured in the United States."

Locally, the Northwest High Intensity Drug Trafficking Area (HIDTA) 1998 Threat Assessment stated the number of prosecutions of methamphetamine dealers between 1994 and 1996 increased 514 percent in the Seattle area alone, while the filings for possession of methamphetamine increased 300 percent. This trend is reflected in significantly increased clandestine meth lab and product seizures.

The WSP SIRT, currently consisting of 15 members drawn from various divisions within the WSP, is the sole meth lab response team for 37 of the 39 counties. Other WSP daily operations continue to be negatively affected by the Team's increasing calls for service. Aside from the SIRT, all team members are assigned to various districts and divisions throughout the department. When SIRT assistance is requested, team members are removed from their daily assigned job to respond. This results in personnel shortages in their primary assignments, often without warning.

Statewide local law enforcement agencies, especially multi-jurisdictional task forces, rely on SIRT to assist in methamphetamine manufacturing investigations. Although King and Pierce Counties have their own lab response teams, SIRT calls for services to assist local agencies in those two counties have increased as well. SIRT's meth lab responses have dramatically

increased 56 percent from 1994 to 1997. SIRT's daily requests for information regarding methamphetamine manufacturing and use are running 50 percent higher in 1998 compared to 1997.

With a meth lab response occurring on an average of once every three days, SIRT is occasionally either unable to respond or must often delay response for days. Local agencies must supply personnel to watch the site, at significant cost, until SIRT responds, or give up the chance of prosecution.

Statewide response to the meth problem would be the primary function of the WSP team. In this function the team would do the following:

- Conduct methamphetamine investigations.
- Execute search warrants.
- Take criminal drug manufacturers into custody.
- Secure illicit laboratory sites.
- Identify and collect evidence for criminal prosecution.
- Notify the Department of Ecology for removal and destruction of the hazardous materials.
- Notify the local health department for notification of the owners, determining level of contamination, and ensuring a safe living environment through proper decontamination.

Especially disconcerting is the traumatic danger to children exposed to the hazards of methamphetamine manufacturing and use. It is estimated that 45 percent of the meth labs contain evidence that children are or have been present. The addicting effects of meth focuses the attention of the using parents on the drug instead of their children. Innocent children are the victims of hazardous contamination and horrible living conditions, often requiring the Child Protective Services to assist in removal to safety.

Current Status

Health care and treatment care costs of meth abusers can be extensive due to the addictive and physically destructive nature of the drug. The Northwest HIDTA 1998 Threat Assessment indicated that 94 percent of treatment providers throughout Washington reported that methamphetamine use is increasing in their area. The Washington State Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse, in their 1997 report, indicated "From the last half of 1992 through the first half of 1996, admission to publicly funded treatment for methamphetamine addiction administered by injection increased five fold, and admission to treatment for all methods of methamphetamine administration increased six fold."

Meth labs are frequently set up in rented houses, apartments and motel rooms. Not only does this create a public safety concern, but the property owner is responsible for cleaning up the hazardous conditions resulting from the lab. The illicit drug manufacturing sites contain hazardous chemicals often indiscriminately discarded with the potential of extreme environmental damage.

Funding this proposal would allow proper response and assistance to law enforcement agencies throughout the state concerning methamphetamine manufacturing without hampering other WSP duties. Timely and efficient response will reduce exposure of citizens and public safety officers to extremely hazardous drug manufacturing sites. Most importantly, funding this proposal would allow a pro-active approach in curbing the methamphetamine lab epidemic compared to our current reactive status limited by inadequate funding.

Conclusions and Future Directions

This fall the Governor's Council on Substance Abuse will review the state agency decision packages that are submitted for state budget-building consideration. This review will use the advice of community constituent groups, gathered through a mail/fax-back comment process. Results of this review will be provided to the Governor's Office and the Legislature.

Early next year the Council will select several issues for policy study during 1999. Also in 1999 the Council will issue its next report card on substance abuse reduction efforts in Washington State. During 1999 the Council will hold several of its meetings in communities around the state to obtain input on the emergent issues impacting substance abuse at the community level. This input will become part of the information considered for selection of action strategy recommendations for the 2001-2003 Biennium.

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[1] Washington State Department of Health, *Public Health Improvement Plan*, Olympia, WA, 1994, pp. 114, 118.
[2] Washington State Department of Social and Health Services, Division of Juvenile Rehabilitation, *The JRA Overview, 1995-96*, Olympia, WA, p. 14.
[3] Washington State Department of Health, *Public Health Improvement Plan*, Olympia, WA, 1994, p. 114.
[4] T. Wickizer, et al., *Economic Costs of Drug and Alcohol Abuse in Washington State*, Olympia, WA, Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, 1993, p. vii.
[5] Office of Superintendent of Public Instruction, *Assessment of the Effectiveness of the Washington State Prevention and Intervention Services Program*, Olympia, WA, November 1997, p. 65.

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